

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS)<sup>1</sup>

**Obsessions Checklist: Check all symptoms that apply (Items marked “\*” may or may not be OCD phenomena)**

Current	Past	Contamination Obsessions
		Concern with dirt, germs, certain illnesses (e.g. AIDS)
		Concern or disgust with bodily waste or secretions (e.g. urine, feces, saliva)
		Excessive concern with environmental contaminants (e.g. asbestos, radiation, toxic waste)
		Excessive concern with household items (e.g. cleaners, solvents)
		Excessive concern about animals/insects
		Excessively bothered by sticky substances or residues
		Concerned will get ill because of contaminant
		No concern with consequences of contamination other than how it might feel*
		Other (describe)

Current	Past	Aggressive obsessions
		Fear might harm self
		Fear might harm others
		Fear harm will come to self
		Fear harm will come to others (may be because of something child did or did not do)
		Violent or horrific images
		Fear of blurting out obscenities or insults
		Fear of doing something else embarrassing*
		Fear will act on unwanted impulses (e.g. to stab a family member)
		Fear will steal things
		Fear will be responsible for something else terrible happening (e.g. fire, burglary, flood)
		Other (describe)

Check all symptoms that apply (Items marked “\*” may or may not be OCD phenomena)

<sup>1</sup> Goodman, Price, Rasmussen, Riddle & Rappoport, 1986, 1990, 1991

Current	Past	Sexual Obsessions
		Say: "Are you having sexual thoughts? If yes, are they routine or are they repetitive thoughts that you would rather not have or find disturbing? If yes, are they:..."
		Forbidden or perverse sexual thoughts, images, or impulses
		Content involves homosexuality*
		Sexual behavior towards others (Aggressive)
		Other (describe)

Current	Past	Hoarding/Saving Obsessions
		Fear of losing things
		Other (describe)

Current	Past	Magical Thoughts/Superstitious Obsessions
		Lucky/unlucky numbers, colors, words
		Other (describe)

Current	Past	Somatic Obsessions
		Excessive concern with illness or disease*
		Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia)
		Other (describe)

Current	Past	Religious Obsessions (Scrupulosity)
		Excessive concern or fear of offending religious objects (God)
		Excessive concern with right/wrong, morality
		Other (describe)

Current	Past	Miscellaneous Obsessions
		The need to know or remember
		Fear of saying certain things
		Fear of not saying just the right thing
		Intrusive (non-violent) images
		Intrusive sounds, words, music, or numbers
		Other (describe)

### Target Symptom List for Obsessions

<b>Obsessions</b> (Describe, listing by order of severity, with #1 being the most severe, #2 second most severe, etc.)	
1	
2	
3	
4	
5	
6	
7	
8	

**Questions about obsessions (Items 1-5):** Say, “I am now going to ask you questions about the thoughts you cannot stop thinking about.”

- Review for the informant(s) the Target Symptoms and refer to them while asking questions 1-5).

<b>1. Time occupied by obsessive thoughts</b>	
How much time do you spend thinking about these things? <ul style="list-style-type: none"> <li>• When obsessions occur as brief, intermittent intrusions, it may be impossible to assess time occupied by them in terms of total hours. In such cases, estimate time by determining how frequently they occur. Consider both the number of times the intrusions occur and how many hours of the day are affected).</li> </ul>	
How frequently do these thoughts occur? <ul style="list-style-type: none"> <li>• Be sure to exclude ruminations and preoccupations which, unlike obsessions, are ego-syntonic and rational (but exaggerated)</li> </ul>	
0 – None	
1 – Mild	Less than 1 hour/day or occasional intrusion
2 – Moderate	1 to 3 hours/day or frequent intrusion
3 – Severe	Greater than 3 and up to 8 hours/day or very frequent intrusion
4 – Extreme	Greater than 8 hours/day or near constant intrusion
Notes:	

<b>2. Interference due to Obsessive Thoughts</b>	
How much do these thoughts get in the way of school or doing things with friends? Is there anything that you don't do because of them? <ul style="list-style-type: none"> <li>• If currently not in school, determine how much performance would be affected if patient were in school</li> </ul>	
0 – None	
1 – Mild	Slight interference with social or school activities, but overall performance not impaired
2 – Moderate	Definite interference with social or school performance, but still manageable
3 – Severe	Causes substantial impairment in social or school performance
4 - Extreme	Incapacitating
Notes:	

<b>3. Distress associated with obsessive thoughts</b>	
How much do these thoughts bother or upset you? <ul style="list-style-type: none"> <li>Only rate anxiety/frustration that seems triggered by obsessions, not generalized anxiety or anxiety associated with other symptoms</li> </ul>	
0 – None	
1 – Mild	Infrequent, and not too disturbing
2 – Moderate	Frequent, and disturbing, but still manageable
3 – Severe	Very frequent and very disturbing
4 – Extreme	Near constant, and disabling distress/frustration
Notes:	

<b>4. Resistance against obsessions</b>	
How hard do you try to stop the thoughts or ignore them? <ul style="list-style-type: none"> <li>Only rate effort made to resist, not success or failure in actually controlling the obsessions. How much the patient resists the obsessions may or may not correlate with their ability to control them. Note that this item does not directly measure the severity of intrusive thoughts; rather it rates a manifestation of health, i.e., the effort the patient makes to counteract the obsessions. Thus, the more the patient tries to resist, the less impaired is this aspect of his functioning. If the obsessions are minimal, the patient may not feel the need to resist them. In such cases, a rating of “0” should be given.</li> </ul>	
0 – None	Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist
1 – Mild	Tries to resist most of the time
2 – Moderate	Makes some effort to resist
3 – Severe	Yields to all obsessions without attempting to control them, but does so with some reluctance
4 - Extreme	Completely and willingly yields to all obsessions
Notes:	

<b>5. Degree of control over obsessive thoughts</b>	
<p>When you try to fight the thoughts, can you beat them?            How much control do you have over the thoughts?</p> <ul style="list-style-type: none"> <li>• In contrast to the preceding item on resistance, the ability of the patient to control his obsessions is more closely related to the severity of the intrusive thoughts.</li> </ul>	
0 – Complete control	
1 – Much control	Usually able to stop or divert obsessions with some effort and concentration
2 – Moderate control	Sometimes able to stop or divert obsessions
3 – Little control	Rarely successful in stopping obsessions, can only divert attention with difficulty
4 – No control	Experienced as completely involuntary, rarely able to even momentarily divert thinking
Notes:	

**Compulsions Checklist: Check all symptoms that apply (Items marked “\*” may or may not be OCD phenomena)**

Current	Past	Washing/Cleaning Compulsions
		Excessive or ritualized handwashing
		Excessive or ritualized showering, bathing, toothbrushing, grooming, toilet routine
		Excessive cleaning of items, such as personal clothes or important objects
		Other measures to prevent or remove contact with contaminants
		Other (Describe):

Current	Past	Checking Compulsions
		Checking locks, toys, school books/items, etc.
		Checking associated with getting washed, dressed, or undressed
		Checking that did not/will not harm others
		Checking that did not/will not harm self
		Checking that nothing terrible did/will happen
		Checking that did not make mistake
		Checking tied to somatic obsessions

Current	Past	Repeating Rituals
		Rereading, erasing, or rewriting
		Need to repeat routine activities (e.g. in/out of doorway, up/down from chair)
		Other (Describe)

Current	Past	Counting Compulsions
		Objects, certain numbers, words, etc
		Describe:

Current	Past	Ordering/Arranging
		Need for symmetry/evening up (e.g. lining items up a certain way or arranging personal items in specific patterns)
		Other (Describe):

Current	Past	Hoarding/Saving Compulsions
		<i>[Distinguish from hobbies and concern with objects of monetary or sentimental value]</i>
		Difficulty throwing things away, saving bits of paper, string, etc.
		Other (Describe):

Current	Past	Excessive Games/Superstitious Behaviors
		<i>[Distinguish from age appropriate magical games]</i> (e.g. array of behavior such as stepping over certain spots on the floor, touching an object/self certain number of times as a routine game to avoid something bad from happening)
		Other (Describe):

Current	Past	Rituals Involving Other Persons
		The need to involve another person (usually a parent) in ritual (e.g. asking a parent to repeatedly answer the same question, making mother perform certain meal time rituals involving specific utensils)
		Other (Describe):



Current	Past	Miscellaneous Compulsions
		Mental rituals (other than checking/counting)
		Need to tell, ask, or confess
		Measures (not checking) to prevent harm to self ___; harm to others ___; terrible consequences ___
		Ritualized eating behaviors*
		Excessive list making*
		Need to touch, tap, rub
		Need to do things (e.g. touch or arrange) until it <u>feels</u> just right*
		Rituals involving blinking or staring*
		Trichotillomania (hair-pulling)*
		Other self-damaging or self-mutilating behaviors*
		Other (Describe):

### Target Symptom List for Compulsions

Compulsions (Describe, listing by order of severity, with #1 being the most severe, #2 second most severe, etc.)	
1	
2	
3	
4	
5	
6	
7	
8	

**Questions about compulsions (Items 6-10):** Say, “I am now going to ask you questions about the habits you can’t stop.”

- Review for the informant(s) the Target Symptoms and refer to them while asking questions 6-10).

<b>6. Time spent performing compulsive behaviors</b>	
How much time do you spend doing these things? <ul style="list-style-type: none"> <li>• When compulsions occur as brief, intermittent behaviors, it may be impossible to assess time spent performing them in terms of total hours. In such cases, estimate time by determining how frequently they are performed. Consider both the number of times compulsions are performed and how many hours of the day are affected).</li> </ul>	
How often do you do these habits? <ul style="list-style-type: none"> <li>• In most cases compulsions are observable behaviors (e.g. handwashing), but there are instances in which compulsions are not observable (e.g. silent checking).</li> </ul>	
0 – None	
1 – Mild	Spends less than 1 hour/day performing compulsions, or occasional performance of compulsive behaviors
2 – Moderate	Spends 1 to 3 hours/day performing compulsions, or frequent performance of compulsive behaviors
3 – Severe	Spends more than 3 and up to 8 hours/day performing compulsions, or very frequent performance of compulsions
4 – Extreme	Spends more than 8 hours/day performing compulsions, or near constant performance of compulsive behaviors (too numerous to count)
Notes:	

<b>7. Interference due to compulsive behaviors</b>	
How much do these habits get in the way of school or doing things with friends? Is there anything that you don’t do because of them? <ul style="list-style-type: none"> <li>• If currently not in school, determine how much performance would be affected if patient were in school</li> </ul>	
0 – None	
1 – Mild	Slight interference with social or school activities, but overall performance not impaired
2 – Moderate	Definite interference with social or school performance, but still manageable
3 – Severe	Causes substantial impairment in social or school performance
4 - Extreme	Incapacitating
Notes:	

<b>8. Distress associated with compulsive behavior</b>	
<p>How would you feel if prevented from carrying out your habits?            How upset would you become?</p> <ul style="list-style-type: none"> <li>Rate degree of distress/frustration patient would experience if performance of the compulsion were suddenly interrupted without reassurance being offered. (In most, but not all cases, performing compulsions reduces anxiety/frustration)</li> </ul> <p>How upset do you get while carrying out your habits until you feel satisfied?</p>	
0 – None	
1 – Mild	Only slightly anxious/frustrated if compulsions prevented, or only slight anxiety/frustrations during performance of compulsions
2 – Moderate	Reports that anxiety/frustration would mount but remain manageable if compulsions prevented. Anxiety/frustration increases but remains manageable during performance of compulsions.
3 – Severe	Prominent and very disturbing increase in anxiety/frustration if compulsions interrupted. Prominent and very disturbing increase in anxiety/frustration during performance of ritual.
4 – Extreme	Incapacitating anxiety/frustration from any intervention aimed at modifying activity. Incapacitating anxiety/frustration develops during performance of compulsions.
Notes:	

<b>9. Resistance against compulsions</b>	
<p>How much do you try to fight the habits?</p> <ul style="list-style-type: none"> <li>Only rate effort made to resist, not success or failure in actually controlling the compulsions. How much the patient resists the compulsions may or may not correlate with their ability to control them. Note that this item does not directly measure the severity of compulsions; rather it rates a manifestation of health, i.e., the effort the patient makes to counteract the compulsions. Thus, the more the patient tries to resist, the less impaired is this aspect of his functioning. If the compulsions are minimal, the patient may not feel the need to resist them. In such cases, a rating of “0” should be given.</li> </ul>	
0 – None	Makes an effort to always resist, or symptoms so minimal doesn't need to actively resist
1 – Mild	Tries to resist most of the time
2 – Moderate	Makes some effort to resist
3 – Severe	Yields to almost all compulsions without attempting to control them, but does so with some reluctance
4 - Extreme	Completely and willingly yields to all temptations
Notes:	

<b>10. Degree of control over compulsive behavior</b>	
<p>How strong is the feeling that you have to carry out the habit(s)?            When you try to fight them, what happens?  <i>For the advanced child, ask, "How much control do you have over the habits?"</i></p> <ul style="list-style-type: none"> <li>• In contrast to the preceding item on resistance, the ability of the patient to control his compulsions is more closely related to the severity of the compulsions.</li> </ul>	
0 – Complete control	
1 – Much control	Experiences pressure to perform the behavior, but usually able to exercise voluntary control over it
2 – Moderate control	Moderate control, strong pressure to perform behavior, can control it only with difficulty
3 – Little control	Little control, very strong drive to perform behavior, must be carried to completion, can only delay with difficulty
4 – No control	No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to delay activity (even momentarily)
Notes:	